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ABSTRACT

This document summarizes information on elder abuse collected from various sources in Canada and the United States. It is noted that document entries are often representative of more than one source, and have been selected as each adds something new and valuable to the overall research on elder abuse. An attempt has been made to choose information relevant to the Canadian situation and more specifically, to the prairies. It is further noted that some of the points of information seem contradictory, a fact that reflects differences in research methods and results. Readers are cautioned to consider the age and type of the study. Each entry in the summary is credited to the original author and includes the year published. To help readers locate publications cited in the summary, a list of elder abuse print and non-print materials held by the Seniors' Education Centre at the University of Regina (Saskatchewan, Canada) is included. Information is cited under these headings: The Problem; Definitions; Statistics and Predictors; Risk Factors; Profile of the Victim; Detection; The Abuser; Prevention; Intervention and Treatment; Legislation; and Research Problems. (NB)

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Elder Abuse Prevention Project – Phase I Literature Summary

September, 1991

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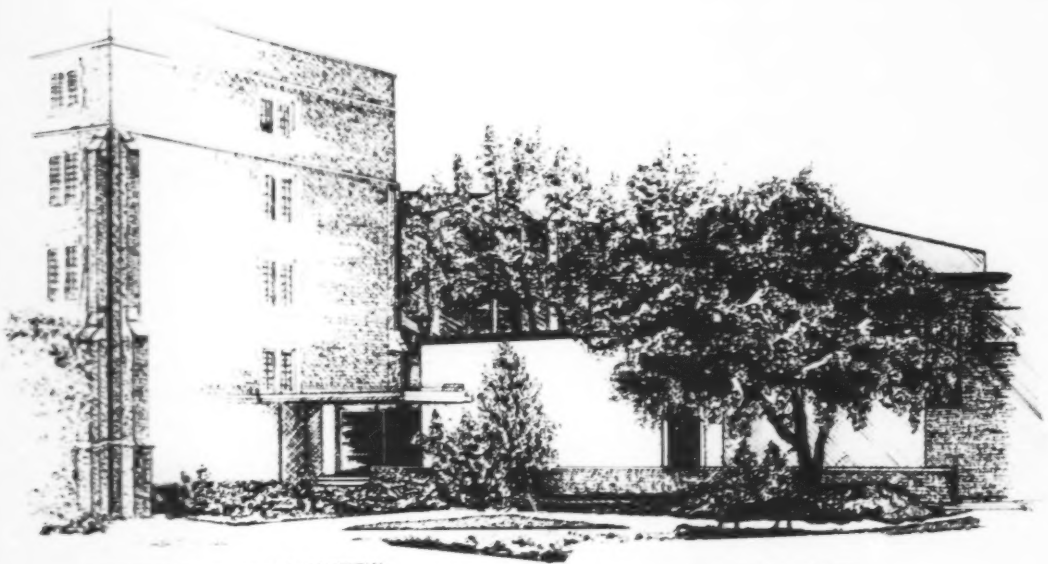

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FOREWORD

This elder abuse literature summary or monograph was produced by the Seniors' Education Centre, University Extension, University of Regina.

Lori Draper, Project Coordinator with the Centre, reviewed the literature and compiled the summary document. She was assisted by eighteen volunteers, a number of whom are older adults.

The monograph, plus two pamphlets and a summary article, represent Phase I, a six month Elder Abuse Prevention Project, sponsored by the Seniors' University Group Inc. and funded by New Horizons, Health and Welfare Canada and the Saskatchewan Seniors' Secretariat.

Phase I intended to raise awareness about elder abuse within Saskatchewan by means of an information campaign.

Special thanks go to Lori Draper, Project Coordinator, the Seniors' University Group Board, the volunteers and Saskatchewan Seniors' Mechanism staff who assisted, plus other Seniors' Education Centre staff who helped the project succeed.

Two other elder abuse publications available from the Seniors' Education Centre for a small charge are:

"Focus on Elder Abuse", June 1989 Report of the First Saskatchewan Elder Abuse Conference, Regina, Sask.

"Directory of Elder Abuse Prevention Resources , June 1989".

For more information or copies of the publications, please contact the Seniors' Education Centre, Art Gallery, College Avenue & Cornwall Street, Regina, Saskatchewan, S4S 0A2, Telephone: (306) 779 4816; Fax: (306) 779 4825.

John Oussoren, Coordinator
Seniors' Education Centre

PREAMBLE

The summary is the result of the information gathering component of the Elder Abuse Project, Phase I. During the project, research and other materials, both print and non-print, were collected by the Seniors' Education Centre. The literature and materials are from various sources in Canada and the United States. Some of the materials are research reports, others are articles written by professionals involved in the care of the elderly such as nurses, doctors, lawyers, and social workers.

This document summarizes the collected Elder Abuse information in a concise, but hopefully beneficial format. Because elder abuse is a relatively new topic of research, much of the information from a number of the sources is redundant. Therefore, document entries are often representative of more than one source, and have been selected as each adds something new and valuable to the overall research on elder abuse. An attempt has been made to choose information relevant to the Canadian situation, and more specifically, to the prairies. Some of the points of information seem contradictory, which reflects the differences in research methods and results. Consideration must be given to the age and type of the study.

Each entry is credited to the original author, including the year published and the page on which the information appears in that document. Any of the publications can be easily obtained for further study. To that end, a list of elder abuse print and non-print materials held by the Seniors' Education Centre is included at the end of this document.

Several individuals and agencies have supported and provided guidance for the Elder Abuse Project, Phase I and are mentioned here as a thanks for their support in a very worthwhile project:

New Horizons, Health and Welfare Canada
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Project Coordinator.

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PROBLEM

BACKGROUND INFORMATION

- the elderly (segment of the population) is growing at a faster rate than any other age group. (Gnaedinger, 1989, p. 3)

- the proportion of elderly persons in the total population has risen from 5% at the beginning of the century to 10% today. (Baril et al., 1990, p. 23)

- due to changing demographics many middle aged or older adult children are faced with the responsibility of parenting their own parents. (Podnieks, 1989, p. 1)

- inflation will cause an increasing number of older adults to reside with families, increasing the number at risk. (Shell, 1982, p. 7)

- only a small percentage of elderly reside in institutions (about 5%). (Shell, 1982, p. 2)

- abused elderly persons may elect to remain silent due to a lack of alternative shelter or fear of abandonment, the unavailability of supportive services, fear of the unknown, fear of reprisal, and a desire to avoid the shame, embarrassment, and stigma often involved.(Shell, 1982, p. 3)

- elder abuse is unique in that it is known to take place outside of the home as well. (Gnaedinger, 1989, p. 3)

- the elderly are more likely to be dependent on others, due to physical or cognitive impairment. (Gnaedinger, 1989, p. 2)

- the victim is dependent based on disabilities and disadvantages associated with aging. (Gnaedinger, 1989, p. 2, Appendix A)

- profile of victims: (Gnaedinger, 1989, p. 2, Appendix A)
    * isolated
    * dependent
    * chance of being institutionalized
    * social stigma of abused elderly
    * social attitudes toward the aged

- negative stereotyping of seniors; ignorance or overwork on the part of the caregivers; lack of self-worth; financial greed; alcoholism and drug abuse; personality problems of the caregivers; dependency of the seniors involved, all seem to play a part in individual cases of elder abuse. (MacKenzie, 1986, p. 6)

DEFINITIONS

- **abuse** - any act of commission or omission which results in harm to the elderly individual and is not restricted to physical harm but rather includes financial, psychological, and social abuse. (Shell, 1982, p. 1)

- **elder abuse** - the member or person providing care (formally or informally) which results in physical or mental harm or neglect of an elderly person. (Podnieks, 1989, p. 1)

- **financial abuse** - relating to monetary matters and involves the withholding of finances, trickery, fraud, theft, misappropriated or misused funds or property, includes withholding of the means for daily living necessities. (Shell, 1982, p. 25)

- **financial, material abuse** - theft or conversion of money or objects of value belonging to the elderly person by a relative or caretaker. (Gnaedinger, 1989, p. 1)

- **psycho-social abuse** - confinement, isolation, inadequate removal from active participation in one's own life; verbal/emotional abuse relates to humiliation, intimidation, derogation, infantilization, or any treatment diminishing identity, dignity, or self-worth. (Shell, 1982, p. 24)

- **psychological or emotional abuse** - including verbal assault, threats, humiliation, treating the person like a child, isolation and deprivation of human warmth and social relations. (Baril et al., 1990, p. 21)

- **physical abuse** - wilful, direct infliction of physical pain or injury, rough handling, shoving, slapping, pinching, hitting, kicking, restriction of freedom of movement, sexual abuse. (Gnaedinger, 1989, p. 1)

- **neglect** - failing to provide necessaries of life such as adequate heat, clothing, hygienic conditions, denying social interaction. (Gnaedinger, 1989, p. 1)

- **passive negligence** - when the caregiver, often for reasons of lack of knowledge, time or money, does not adequately fulfil the needs of the elderly person. (Baril et al., 1990, p. 20)

- **active or physical negligence** - when the caregiver deliberately deprives the person of food, water, clothing, medication, assistance, social contacts or any other element that is essential to his well being or safety. (Baril et al., 1990, p. 20)

- **violation to the right of freedom** - any attempt to prevent an elderly person from exercising normal control over his life, e.g. forcing him to leave his home and enter an institution, forbidding him to marry, confining him to certain rooms of the home. (Baril et al., 1990, p. 21)

- **social or collective abuse** - includes discrimination on the grounds of age, social indifference, and in general all social stereotypes and types of behavior which tend to diminish the self-esteem of elderly persons and deny them their identity and dignity. (Baril et al., 1990, p. 21)

STATISTICS

- 40 persons per 1000 elderly population in private dwellings have recently experienced some form of maltreatment. (Podnieks, 1990, p. 54)

- the study's estimates of prevalence rates should probably be considered the minimum level of actual abuse of the elderly that is occurring in Canada. (Podnieks, 1990, p. 71)

- prevalence rate per 1000 elderly person in private dwellings in the prairies: 30. (Podnieks, 1990, p. 56)

- 2.2% of the province's (Manitoba) elderly population suffer abuse. (Gnaedinger, 1989, p. 4)

- in Quebec, . . . 11% of those questioned had personal knowledge of cases in their neighborhood that could be termed cases of abuse of the elderly. (Baril et al., 1990, p. 35)

- nearly 19% of victims, or 19 000 persons, are victims of more than one form of maltreatment. (Podnieks, 1990, p. 55)

FINANCIAL/MATERIAL ABUSE: STATISTICS AND PREDICTORS

- material abuse accounted for the highest number of cases - more than 50% of all cases. (Podnieks, 1990, p. 54)

- 2.5% of the Ryerson sample were victims of material abuse. (Podnieks, 1990, p. 32)

- victims of material abuse were: more likely in poor health; more likely that their health limited their activities; more likely to say that their lives were not happy; more likely to wish their lives would end. (Podnieks, 1990, p. 35)

- an unmarried person with health problems who is somewhat socially isolated; women and men were about equally likely to be victims. (Podnieks, 1990, p. 32)

- marital status: victims were more likely to be widowed, divorced, separated, or never married. (Podnieks, 1990, p. 36)

- perpetrators were more likely to be distant relatives or non-relatives, rather than close relatives. (Podnieks, 1990, p. 36)

- results of financial abuse caused great distress to the Elder/Senior. . . repercussions of financial abuse included psychological/mental abuse and the lack of living necessities which can be interpreted as further abuse. (Stirling, 1990, p. 8)

PSYCHOLOGICALY ABUSE/VERBAL AGGRESSION: STATISTICS AND PREDICTORS

- prevalence rate of 1.4% of the sample. (Podnieks, 1990, p. 38)

- accounted for about one-third of all cases.(Podnieks,1990, p.54)

- victims of verbal aggression: tend to be married & victimized by their spouse; largely independent in activities; more depressed than the rest of the sample; women and men were about equally likely to be victims. (Podnieks, 1990, p. 38)

- victims did not have a confidant. (Podnieks, 1990, p. 41)

- victims were much more likely to be married. (Podnieks, 1990, p. 41)

- abuser characteristics: under a great deal of stress in the past year; have emotional problems; have a drinking problem. (Podnieks, 1990, p. 42)

- verbal abuse may be an indicator of other forms of abuse. (Podnieks, 1990, p. 63)

PHYSICAL VIOLENCE: STATISTICS AND PREDICTORS

- prevalence - 0.5% of elderly persons living in private dwellings. (Podnieks, 1990, p. 43)

- victims were not more likely to report that their health was poor, or that they had difficulty with everyday activities. (Podnieks, 1990, p. 44)

- victims reported: they had no one to trust and confide in; they were more likely to be married; more likely to be male, and a majority of the abusers were the spouses of the victims. (Podnieks, 1990, p. 44)

- physically abusive spouses: have serious health problems, have been under serious stress during the previous year, have mental or emotional problems, are dependent on their spouses' financial support. (Podnieks, 1990, p. 47)

- about one-half of victims cited the abuser's abuse of alcohol as a major factor. (Podnieks, 1990, p. 48)

NEGLECT: STATISTICS AND PREDICTORS

- prevalence: 0.4% of the survey sample. (Podneiks, 1990, p. 50)

- shopping, meal preparation, and housework were the most common activities in which assistance was withheld. (Podnieks, 1990, p. 50)

- victims were much more physically impaired and functionally dependent than the general elderly population. (Podnieks, 1990, p. 51)

- victims tended to have low morale. (Podnieks, 1990, p. 51)

- victims of neglect were more likely than non-victims to live with a child only, or with a spouse and child. (Podnieks, 1990, p. 60)

RISK FACTORS

CAUSES

General

- abuse appears to be triggered by the interplay of several factors. (Podnieks, 1989, p. 2)

- the following have been identified as explanations for abuse: developmental dysfunction, pathological problems, ageism and violence as a way of life; changes such as increased longevity; fewer family ties; greater demand on family resources; and family conflict. (Podnieks, 1989, p. 2)

- MacKenzie ("Everyone's Concern" 1986, p.6) cites these causes for elder abuse:
  * pathological nature of the caregiver
  * the stresses of caring for the often impaired elder
  * dependency of the elder victim
  * trans-generational violence (p. 6)

- Dr Roy Fox ("Everyone's Concern" 1986, p. 10-11) summarizes the predisposing factors of elder abuse:
  * care provider strain
  * dependency (on part of victim)
  * lack of resources
  * family factors

Life Changes for the Elderly

- physical vulnerability is increased with age, especially for those who have physical limitations and are dependent upon others for care. (Baril et al., 1990, p. 28)

- social vulnerability increases with the loss of significant aspects of social life: decease of the spouse or of friends; end of a very active period of life and the attendant loss of social ties; a drop in income; lack of interest on the part of the children. (Baril et al., 1990, p. 28)

- the social needs of the elderly change, and a lack of understanding of the aged person's needs may lead to conflict and eventual abuse. (Beck & Ferguson, n.d., p. 4)

Family Stresses

- stress is present in families where elder abuse takes place. (Podnieks, 1989, p. 2)

- the timing of this responsibility (on the adult child) is likely to coincide with the launching stage of their own children. The middle-age offspring are helping their adolescent and young adult children to become emancipated from home while simultaneously caring for the increasingly dependent elderly parent. (Beck & Ferguson, n.d., p. 4)

- when the aged person becomes frustrated and angry because he is treated like a child, his behavior becomes unacceptable to others. This unacceptable behavior may provoke punishment by adult offspring and may lead to eventual abuse. (Beck & Ferguson, n.d. p. 4)

- the role reversal between the dependent person and the caregiver can be threatening psychologically to both generations and can intensify role conflicts. . . the elderly person may still be reluctant to relinquish authority over the off-spring. (Beck & Fergsuon, n.d., p. 4)

- most caregivers are able to cope but some succumb to the unending burden of the caregiving role and express their stress in a violent way. (Podnieks, 1985, p. 5)

- dealing with loss: elderly persons are under additional stress due to needing to handle grief experiences at a time in life when losses are multiple and cumulative. The grief, and accompanying behaviors, may not be recognized by the caregivers, and the behaviors then become triggers for physical or psychological abuse. (Beck & Ferguson, n.d., p. 3)

PROFILE OF THE VICTIM

GENERAL PROFILE

- widowed female, over 80 years of age, financially disadvantaged, and physically and/or cognitively impaired, with high dependency needs, living with her children. (Gnaedinger, 1989, p. 4)

- usually a woman over the age of 75 years, with one or more physical and/or mental impairments. . . social isolation and dependence on the caregiver. . feel that they deserve the abuse and they may have been an abusive parent. . . is passive and often feels powerless. (Podnieks, 1989, p. 2)

- less than 75% of all victims felt they had someone available to help if they were ill. (Podnieks, 1990, p. 60)

- 9% of all victims reported not being happy, 20% reported feeling hopeless about the future often or fairly often, 30% of victims had wished their lives would end. (Podnieks, 1990, p. 61)

- victims tended to report a high degree of self-blame for the abusive incidents. (Podnieks, 1990, p. 64)

DEPENDENCY AND ISOLATION

- both victims and families are socially and sometimes geographically isolated. (Gnaedinger, 1989, p. 1, Appendix A)

- victims are largely more socially isolated. (Podnieks, 1990, p. 60)

- social contacts and peer system have broken down. (Gnaedinger, 1989, p.2)

- are in a weakened, powerless, and dependent position relative to the perpetrators. (Gnaedinger, 1989, p. 1, Appendix A)

- health conditions that limit activities are a significant factor associated with elder abuse. (Podnieks, 1990, p. 60)

GENDER

- "overwhelming majority" of abuse victims are female. (Gnaedinger, 1989, p. i)

- gender is not a risk factor associated with elder abuse. (Podnieks, 1990, p. 57)

- men are equally as likely as women to be abused, possibly because there are fewer men than women who live alone. There is also the perception that the abuse of a man is less serious than of a woman. (Pillemer & Finkelhor, 1988, p. 115)

MARITAL STATUS

- 45% of all victims were married, 41% of all victims were widowed. (Podnieks, 1990, p. 60)

- with both verbal and physical violence, 85% and 91% respectively were married. (Podnieks, 1990, p. 60)

LIVING ACCOMMODATIONS

- victims of material abuse were more likely to live alone, while victims of verbal and physical violence were more likely to be living with their spouse, or with a spouse and child. (Podnieks, 1990, p. 60)

- those living with their spouse and one other person were particularly vulnerable, those in poor health were three to four times more likely to be victims, and men were at more risk than women. (Pillemer & Finkelhor, 1988, p. 114)

DETECTION

GENERAL

- a lack of awareness hampers detection. (Gnaedinger, 1989, p. 9)

- lack of a clear definition of what constitutes, and what indicates abuse or criminal neglect of the elderly. (Gnaedinger, 1989, p. 9)

- need standardized, national guidelines for detection of elder abuse. (Gnaedinger, 1989, p. 12)

- should be a service to which elders themselves, and people in the community and in the elder's own environment can report abuse and from which they can obtain information and assistance. (Baril et al., 1990, p. 97)

- there is a substantial under-reporting of abuse. (Pillemer & Finkelhor, 1988, p. 116)

- emergency room staff are leaders in reporting cases of elder abuse. (Gnaedinger, 1989, p. 13)

INDICATIONS

- Observations which trigger further investigation include (Ghent et al., n.d., p.):
    * physical/mental limitations affecting ability for self care
    * medical history does not coincide with presenting injuries
    * postpones seeking medical treatment
    * sores, injuries which have not been treated/partially healed
    * repeated incidents of unexplained "accidents"/injuries
    * evidence of: malnutrition, dehydration, undermedication, muscle contractures, poor skin care, hygiene, bruises, hematomas, fractures

* behavioral - attitudinal response of caregiver: appears fatigued, "blames" elder, responds defensively when questioned, excessively concerned, unconcerned, avoids physical, verbal, facial contact with elder or professional, treats elder like a child or nonperson
* behavioral - and attitudinal response of elder: passive, withdrawn, gives information reluctantly, anxious, fearful, changing speech pattern, avoids physical, verbal, facial contact with caregiver, professional (CMA Source)

- signs of physical abuse: unexplained or repeated injury, muscle contracture caused by immobilization or physical restraints, welts, lacerations, bruises, burns, inflections, punctures, and fractures, evidence of excessive drugging. (Gnaedinger, 1989, p. 10)

- signs of sexual abuse: bruises or bleeding in genital area, venereal disease, difficulty in walking or sitting, pain or itching in the genital area. (Gnaedinger, 1989, p. 10)

- signs of psychological abuse : exhibition of resignation, fear, shame, depression, mental confusion, marked passivity, anger and insomnia on the part of the victim, and threats, insults, harassment, harsh orders, social constraints, and withholding affection, on the part of the caregivers. (Gnaedinger, 1989, p. 10)

- signs of financial abuse: failure to pay rent or utility bills, sale of property by an elderly person who seems confused about the reasons for the sale, depletion of an elderly person's saving account, confusion about finances, disappearance of elder's possessions, lack of cash or clothes, absence of money for any social activities, on the part of the older person, and management of a seemingly competent aged parent's finances, by an adult child or caregiver. (Gnaedinger, 1989, p. 11)

- signs of neglect: malnutrition and the pallor and weight loss that accompany it, signs of hypothermia, poor personal hygiene, inappropriate dress, unattended physical problems or medical needs, absence of dentures, eye glasses or hearing aids when these are needed, the person seen wandering dangerously, or alternatively, never seen outside the place of residence, or abandonment of a dependent elder. (Gnaedinger, 1989, p. 11)

- signs by caregiver: not willing to touch, talk, look at or listen to the aged parent, elder's response is fear or withdrawal, parent relaxed or rigid, caregiver expresses severely ageist attitudes or reacts strongly against suggestions regarding the elder's care, whether the elder looks anxious in the company of the caregiver. (Gnaedinger, 1989 p. 11)

PROTOCOLS

- there is a lack of protocols and reporting procedures. (Gnaedinger, 1989, p. 3, Appendix D)

- hospital detection protocols can be used to identify the abused. (Podnieks, 1989, p. 4)

- protocol should include: (Baril et al., 1990, p. 97)
  *an evaluation of the level at which the person functions and his degree of autonomy
  *a physical examination
  *an interview with the victim or potential victim of abuse
  *contact with those in his immediate environment, if relevant

SELF REPORTING

- the elderly themselves need to be encouraged to report it (abuse), rather than accepting it as normal behavior, or hiding it because of feelings of shame or embarrassment. (Pillemer & Finkelhor, 1988, p. 116)

- victims were generally reluctant to report to the police or other outsiders because: (Podnieks, 1990, p. 64-65)
  *they demonstrated strong feelings of guilt, self-blame, and eroding self-esteem
  *felt the incident "was not serious enough" to warrant reporting, and that it was "a family matter"
  *the need to save face, to not admit to one's vulnerability, and to not betray a loved one
  *all of those who did call the police did so in order to remove the abuser from the home

- victims of material abuse and physical violence tend not to report the incidents to anyone, frequently saying that the incident was a family matter. (Podnieks, 1990, p. 63)

- feelings of fear, guilt, and embarrassment are involved. The victims cannot bring themselves to admit that abuse could happen to them. (Podnieks, 1989, p. 2)

- even when the aged parents, who are victims of abuse understand what is happening, they may prefer the familiar torments from their adult children to the unknown evils of an unfamiliar life situation. (Beck & Ferguson, n.d., p. 5)

THE ABUSER

- middle aged or elderly themselves. . . .tends to "blame" the victim. . . .experiences some stress: unemployment; financial stress; marital discord; or substance abuse. . .poor impulse control. . .may have been an abused child or come from a violent background. (Podnieks, 1989, p. 2)

- usually identified as a family member - son or daughter, middle aged or older, who may have been an abused child. . . lack resources e.g. knowledge, space, assistance, time, finances, . . . frequently found to be alcohol abusers or suffering from some psychiatric or mental problem. (Gnaedinger, 1989, p. 4)

- of 63 identified cases, 37 spouses were the abusers; in 10, sons; in 5, daughters; and in 11 cases, other people. (Pillemer & Finkelhor, 1988, p. 114)

- are socially and sometimes geographically isolated. (Gnaedinger, 1989, p. 1)

- may be old and infirm themselves or in a position of "double bind." (Gnaedinger, 1989, p. 3)

- perpetrators of abuse were surprisingly willing to admit it. (Pillemer & Finkelhor, 1988, p. 112)

PREVENTION

GENERAL

- Baril et al. (1990, p. 103-108) recommend these measures as preventative:

1. Support for the elderly living at home
   * reduce their victimization
   * improve their safety in their own home
   * train elderly or their support networks
2. Support for families
   * provide relief to families that care for the elderly
   * provide psycho-social expertise to support high-risk families and provide access to counselling services and training programs
3. Assistance for support networks
   * creation of support networks for the elderly and be given expertise, technical, or material support
4. Accommodation services
   * a code of ethics be mandatory in all establishments offered the elderly
   * structured programs about rights and recourse be offered

- Gnaedinger (1989, p. 3) recommends the following for prevention:

1. Primary Prevention would include:
   * more programs for seniors
   * more emphasis on the least restrictive environment
   * public education
   * attitudinal changes in society regarding women, the elderly, and violence
   * advocacy
   * legislation

2. Secondary Prevention would include:
   * appropriate education on elder abuse for: seniors, caregivers, institutional staff, and practitioners
   * increased support services for caregivers and elderly
   * development of written protocols
   * emergency hot lines
   * development of appropriate housing options

- increasing awareness of the problem among all segments of society, and providing policy makers, service professionals, caregivers and elderly persons themselves with the knowledge and skills to promote appropriate prevention and intervention programs. (Podnieks, 1990, p. 73)

- the first step in preventing elder abuse and neglect is to increase the levels of awareness and knowledge among physicians and other health care professionals, social workers, lawyers, police, researchers, policy makers, teachers, seniors and the general public. (Gnaedinger, 1989, p. 9)

- communications measures should be used to make victims and abusers aware, such as postal alert, mail box flyers, pamphlets, TV and radio messages, hot lines, distress centres, information printed on grocery bags. (Podnieks, 1989, p. 3)

- support from those who know the elderly: bank clerks, hairdressers, utilities personnel, grocery clerks, bus drivers, clergy. (Podnieks, 1989, p. 3)

PREVENTION SPECIFICALLY AIMED AT SENIORS

- seniors can be warned to safeguard their person and property by means of prevention suggestions, which could be written and included in monthly pension cheques, given to public health nurses, doctors, police, visiting homemakers and others for distribution to the elderly in the community, and articulated on TV shows that the elderly like to watch. (Gaedinger, 1989, p. 17)

- build awareness among the elderly of risk factors and support services, broaden public awareness of the needs of seniors, target special educational programs to key occupations: the police, lawyers, bank employees, financial planners, and clergy. (Podnieks, 1990, p. 73)

PREVENTION AIMED AT FAMILIES

- families should look realistically at the situation of providing care to an elderly person. (Gnaedinger, 1989, p. 17)

- descriptive information on helping agencies should be available to families caring for the elderly. (Gnaedinger, 1989, p. 18)

- adequate and appropriate support services must be available for both caregivers and elders, e.g. adult day care, homemaker services, nursing, respite care, counselling, and activities. (Gnaedinger, 1989, p. 18)

INTERVENTION & TREATMENT

- use of the child abuse model, the short-term protective intervention strategy, the advocacy model, family systems model. (Gnaedinger, 1989, p. 16)

NEW SERVICES NEEDED

- increase attention to services that can help prevent elder abuse: respite care, homemaker services and caregiver support groups; provide a wider range of support and intervention programs for seniors experiencing maltreatment, support groups, individual and group counselling, alternative living arrangements, peer counselling; increase support to those services that help meet the needs of elderly victims of crime. (Podnieks, 1990, p. 76-77)

- regional services to provide information and resources, making best possible use of the health and social services network, and police and community services to prevent and deal with elder abuse. (Baril et al., 1990, p. 99)

- Baril et al. (1990, p. 99-101) suggestions for intervention:

1. Intervention to assist victims of abuse
   * at the local level, an intervention team (social workers, nurses, physicians, psychologists, etc.) must be set up and trained, whose expertise is focused primarily on elder abuse
   * indirect intervention - when the client refuses all intervention,. . . reporting and referring the case to a professional or other agency,. . .taking the case to court

2. Referral to appropriate services
   *elder person or relatives should be referred so that the necessary services can be obtained, such as regional assistance and escort services, police services and services offered by centres that assist victims of criminal acts, violent spouses and abusers, services that relieve families and various others offered by community agencies

3. 24-hour hot line
   * a hot line for the abused elderly, relatives and caregivers so that they may obtain information and assistance rapidly

4. Availability of temporary accommodation
   * when an elderly victim of abuse requires safer accommodation, it should be possible to place him in the network of temporary facilities

- home care and respite services include: medical and legal assistance, visiting nurses, homemakers, home repair, friendly visiting, adult day care, respite care, physical and occupational therapy, nutritional services, telephone checking systems, transportation, emergency shelters, counselling and education, as well as providing assistance in learning problem solving skills. (Podnieks, 1985, p. 11)

- other intervention: informal support systems, local community organizations, gatekeepers, self-help groups, volunteers and resident counsels. (Podnieks, 1985, p. 11)

- ways need to be found of rescuing the victims, other than committing them to nursing homes. Safe refuges and self-help groups similar to those provided for younger abused wives are suggested as possibilities. (Pillemer & Finkelhor, 1988, p. 117)

- protective services should be in place, for example, legal intervention and guardianship. (Podnieks, 1989, p. 4)

- nurses have an obligation to act as advocates for the elderly because they are often unable to articulate their needs and protect themselves. (Podnieks, 1989, p. 4)

- fundamental to the intervention phase of the nursing process is the nurse's comprehensive knowledge of social supports and community resources. Intervention must include treatment modalities for the abuser as well as for the victim. (Podnieks, 1985, p. 6)

- rehabilitation and counselling should be ongoing. (Podnieks, 1989, p. 4)

- counselling includes the victim, the abuser and family members. (Podnieks, 1989, p. 4)

- follow up by professionals is often regarded as a violation of the privacy of the family . . . many reports are minimized by professionals. (Gnaedinger, 1989, p. 12)

LEGISLATION

- legislation has been introduced in Newfoundland, New Brunswick, Nova Scotia, and Prince Edward Island. . . a legal framework for health and social service personnel to intervene in family settings where elder abuse or neglect is believed to be occurring. (Gordon & Tomita, 1990, p. 1)

- adult protection legislation is supported by many health and social services personnel because it clarifies their powers of intervention and creates a set of procedures for initial and long-term case management. (Gordon & Tomita, 1990, p. 2)

- Gordon and Tomita (1990, p. 4) suggest that adult protection legislation should consider these points:

* a requirement that any intervention be of the least restrictive and intrusive type
* strict criteria to govern emergency intervention without a court order
* due process protections for adults deemed to be in need of protective intervention (e.g. the right to legal representation)
* a clear right to refuse assistance unless there is clear and unequivocal evidence of incompetency or duress
* strict limits on the removal of victims from their homes and compulsory placement in public and private facilities

ADULT PROTECTION - CRITICISM

- Gordon & Tomita (1990, p. 2) provide the following as criticism of adult protection acts:
  * strongly paternalistic
  * "mental infirmity" is a vague, stigmatizing and discredited term
  * insufficient statutory provisions for support services
  * confusion surrounding the legislations use in private nursing homes and government facilities

MANDATORY REPORTING - CRITICISMS

- Gordon & Tomita (1990) provide the following as criticism of mandatory reporting:
  * lack of concensus in the field about the types of behavior that constitute abuse and neglect (p. 2)
  * the possibility of a resulting "surveillance society" (p. 3)
  * risk of being placed on an investigative "data bank" (p. 3)
  * laws exist which provide protection for those who would report(p. 3)
  * may result in an unwarranted or unnecessary "therapeutic" intervention in the life of an adult (p. 3)
  * complicates the ethical dilemmas encountered by practitioners (p. 3)
  * overrides the practitioner's ethic of confidentiality (p. 3)
  * time, effort and resources will be consumed by the investigation of vindictive and frivolous reports (p. 3)
  * practitioners are already bound by codes of ethics (p. 3)

MANDATORY REPORTING - BENEFITS

- Gordon & Tomita (1990) provide the following as benefits of mandatory reporting:
  * facilitates intervention at an early stage and serves to reduce the amount of harm caused (p. 3)
  * awareness of abuse and neglect is heightened (p. 3)
  * deterrent effect (p. 3)
  * reporting laws provide immunity from liability and prosecution (p. 3)
  * provide safeguards that address concerns with confidentiality and access to data banks (p. 4)
  * provide crisis intervention without a court's permission, allows protective services workers to obtain emergency care (p. 4)
  * facilitates assistance to endangered adults who are incapable and unable to consent to help (p. 4)
  * persons who choose an eccentric life-style are not in danger of losing their independence (p.4)

* concerned persons do not have to confirm beyond a doubt that abuse or neglect occurred prior to making a report (p. 4)

VOLUNTARY REPORTING

- Prince Edward Island has adopted voluntary or discretionary reporting - an approach that holds considerable promise. (Gordon & Tomita, 1990, p. 4)

- the Prince Edward Island Act makes a moral and educational, rather than punitive, statement about reporting, and this compromise seems to have satisfied the various interest groups consulted during the construction of the statute. (Gordon & Tomita, 1990, p. 4)

- there does not seem to be a difference in the rates of reports made between states that have mandatory reporting laws and states that have voluntary reporting laws. (Gordon & Tomita, 1990, p. 4)

- those contemplating some form of reporting system would do well to consider the compromise provisions found in the Prince Edward Island Adult Protection Act. (Gordon & Tomita, 1990, p. 4)

RESEARCH PROBLEMS

- there are no universal definitions of abuse. (Gnaedinger, 1989, p. 6, Appendix B)

- elder abuse takes place mainly behind closed doors. (Gnaedinger, 1989, p. 1, Appendix B)

- only a small number of cases are reported. (Gnaedinger, 1989, p. 3, Appendix B)

- have to rely on people's recollection of facts. (Gnaedinger, 1989, p. 4, Appendix B)

- in order to be understood, the problem of abuse must be studied in the broader context of aging and that expertise in this field must continue to be developed. (Baril et al., 1990, p. 111)

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